

## County Durham and Tees Valley APC Do Not Prescribe List and Grey List

This guidance has been developed for the following CCGs:

County Durham CCG  
Tees Valley CCG

This document incorporates NHS England guidance on conditions for which over the counter items should not routinely be prescribed in primary care, NHS England guidance on items which should not routinely be prescribed in primary care, the Tees prescribing grey list and has been updated in 2020 to include the previous County Durham and Darlington APC Do Not Prescribe list and Grey List.

County Durham and Tees Valley APC Do Not Prescribe list	<b>Status:</b> version 2	<b>Next Review Date:</b> Sept 2023
Adapted from County Durham & Darlington, Hartlepool & Stockton and South Tees CCGs Do Not Prescribe list by RDTC 2020	<b>Approved date:</b> Sept 2021	Page 1 of 15

## Summary of Products and Conditions Included in the County Durham and Tees Valley Do Not Prescribe List

The Do Not Prescribe list combines national and local guidance for treatments and conditions which should not routinely be prescribed in primary care. Treatments and conditions included are listed below. More information, including rationale, exception criteria and links to supporting information is provided further on in this document.

Part 1: Conditions for which over the counter items should not routinely be prescribed in primary care	Part 2: NHS England items which should not routinely be prescribed in primary care	Part 3: Products not suitable for prescribing in primary care in County Durham and Tees Valley CCGs	
<p>Acute sore throat            Conjunctivitis            Coughs and colds and nasal congestion            Cradle Cap (Seborrhoeic dermatitis – infants)            Dandruff            Diarrhoea (Adults)            Dry Eyes/Sore tired Eyes            Earwax            Excessive sweating (Hyperhidrosis)            Haemorrhoids            Head Lice            Indigestion and Heartburn            Infant Colic            Infrequent cold sores of the lip            Infrequent Constipation            Infrequent Migraine            Insect bites and stings            Mild Acne            Mild Cystitis            Mild Dry Skin            Mild Irritant Dermatitis            Mild to Moderate Hay fever/Seasonal Rhinitis            Minor burns and scalds            Minor conditions associated with pain, discomfort and/fever.(e.g. aches and sprains, headache, period pain, back pain)            Mouth ulcers            Nappy Rash            Oral Thrush            Prevention of dental caries            Probiotics            Ringworm/Athletes foot            Sun Protection            Sunburn due to excessive sun exposure            Teething/Mild toothache            Threadworms            Travel Sickness</p>	<p>Aliskiren            Amiodarone            Bath and Shower Preparations for dry and pruritic skin conditions            Co-proxamol            Dosulepin            Dronedarone            Glucosamine and Chondroitin            Herbal Treatments            Homeopathy            Immediate Release Fentanyl            Lidocaine Plasters            Liothyronine (including Armour Thyroid and liothyronine combination products)            Lutein and Antioxidants            Minocycline for Acne Needles for pre-filled and reusable insulin pens            Omega-3 Fatty Acid Compounds            Once Daily Tadalafil            Oxycodone and Naloxone Combination Products            Paracetamol and Tramadol Combination Products            Perindopril Arginine            Prolonged-release Doxazosin (also known as Doxazosin Modified Release)            Rubefaciants (excluding topical NSAIDs)            Silk Garments            Travel Vaccines (vaccines administered exclusively for the purposes of travel)            Trimipramine</p>	<p>Actipatch®            Alendronate plus Vitamin D (Fosavance®)            Alprostadil Cream            Antifungal nail paints e.g. amorolfine nail lacquer            Asenapine            Benzyl benzoate            Bethanechol            Betnesol-N eye/ear/nasal drops            Bio Oil            Brimonidine tartrate gel            Calamine with zinc oxide            Calcium 500mg and colecalciferol 200units (e.g. Calcichew D-3, Calcium &amp; Ergocalciferol Tablets)            Capsaicin cream            Chloral hydrate (insomnia)            Ciclesonide            Cilostazol (Pletal®)            Clomipramine (Anafranil SR®)            Clonidine            Co-careldopa intestinal gel (Duodopa®)            Co-codamol tablets            Codeine and aspirin combination product (Co-codaprin®)            Co-dydramol tablets            Co-flumactone tablets            Cyanocobalamin            Dapoxetine            Dexamethasone with tobramycin eye drops (Tobradex)            Diclofenac &amp; Misoprostol combination product (Misofen® and Arthrotec®)            Dipipanone/cyclizine</p>	<p>Idoxuridine in dimethyl sulfoxide (Herpid®)            Inosine Pranobex (Immunovir)            Inositol Nicotinate (Hexopal®)            Iron – all modified release iron preparations            Isocarboxazid            Ketoconazole (for oral administration)            Lactose-free infant milks            Lanolin cream (Lansinoh HPA®)            Levocetirizine (Xyzal®)            M/R potassium chloride preparations            Malaria prophylaxis            Melatonin oral solution (Colonis Pharma)            Meprobamate            Methocarbamol            Mexelitine            Minoxidil 5% Scalp Foam            Molludab (potassium hydroxide 5%) topical solution for the treatment of molluscum contagiosum            Moxisylyte (Opilon®)            Naltrexone/bupropion            Nandrolone injection            Naproxen &amp; esomeprazole combination product (Vimovo®)            Neomycin sulfate cream            Norethisterone or medroxyprogesterone for postponement of menstruation            Oxerutins            Papaveretum            Pentazocine            Pentoxifylline (Trental®)            Prednisolone 30mg            Prednisolone EC tablets            Promazine            Simvastatin/ ezetimibe combination product (Inegy®)            Solifenancin/tamsulosin            Spatone - iron-rich spa water from the</p>

<p>Vitamins and minerals Warts and Verrucae</p>		<p>Diuretics with Potassium Eflornithine cream (Vaniqa®) for hirsutism Ergotamine containing products (Migril) Eyelid cleaning products for blepharitis e.g. Blephaclean, Lid-Care, Optrex, Ster Eye Flurazepam Gliclazide MR (Diamicron MR®) Gluten-free non-staple foods - All gluten-free products except flour, plain bread rolls or loaves, and part baked bread. Heparinoid gel (Hirudoid) Hydrochlorothiazide containing products</p>	<p>mountains of Snowdonia Synovial fluid injections including Hyaluronan and sodium hyaluronate injection Teriparatide (atypical fractures) Terpenes (Rowachol and Rowatinex capsules) Testosterone patches (Intrinsa®) Tranlycypromine Upristal acetate 5mg (Esmya®) Vardenafil Vitamin B Compound Voke® and e-Voke® electronic inhaler Yohimbine</p>
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## Part 1: Conditions for which over the counter items should not routinely be prescribed in primary care<sup>1</sup>

The following self-limiting and minor health conditions can be treated effectively and safely using over the counter medicines. In line with NHS England guidance, County Durham CCG and Tees Valley CCG (the CCGs) do not support the prescribing of medicines and treatments for self-limiting and minor health conditions where self-care is the most appropriate route and medicines and treatments are readily available to purchase. Exclusions for specific conditions are listed with each treatment/ condition; however there are some general exceptions to the guidance from NHS England which include:

- Patients requiring treatment for a long term condition e.g. regular pain relief for chronic arthritis or inflammatory bowel disease
- Patients requiring treatment for more complex forms of minor illness, e.g. migraines where OTC medicines have been tried and do not work
- OTC medicines to treat side effects of prescription medicines or symptom of another illness e.g. constipation when taking certain painkillers
- Medicines which have a licence that doesn't allow the product to be sold over the counter to certain groups of patients e.g. children and pregnant/ breastfeeding women ([information on exceptions for common OTC products is available on the NECS Medicines Optimisation website](#))
- Where the prescriber has concerns about the patient treating themselves e.g. because of mental health problems or severe social vulnerability

Information for patients is available at [www.nhs.uk/OTCmedicines](http://www.nhs.uk/OTCmedicines), and leaflets are available to download from the [NHS England website](#).

To support clinicians and primary care staff, a [summary of common medicines available to purchase over the counter is available on the NECS Medicines Optimisation website](#) including information on product licenses and sales restrictions.

Treatment/ condition	Rationale <sup>2</sup>	Exceptions
<b>Items of limited clinical effectiveness</b>		
Probiotics	There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause. Both the Public Health England <i>C.difficile</i> guidance and NICE CG 84 recommend that probiotics cannot be recommended currently and that "Good quality randomised controlled trials should be conducted in the UK to evaluate the effectiveness and safety of a specific probiotic using clearly defined treatment regimens and outcome measures before they are routinely prescribed.	<ul style="list-style-type: none"> <li>• ACBS approved indication</li> </ul>
Vitamins and minerals	<p>There is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals. Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary.</p> <p>Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market. Any prescribing not in-line with listed exceptions should be discontinued.</p> <p>This guidance does not apply to prescription only vitamin D analogues such as alfacalcidol and these should continue to be prescribed.</p>	<ul style="list-style-type: none"> <li>• Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should be reviewed on a regular basis. <i>NB maintenance or preventative treatment is not an exception.</i></li> <li>• Calcium and vitamin D for osteoporosis.</li> <li>• Malnutrition including alcoholism (see NICE guidance).</li> <li>• <i>Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription)</i></li> </ul>

<sup>1</sup> [NHS England/ NHS Clinical Commissioners. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs \(March 2018\)](#)

<sup>2</sup> [NHS England/ NHS Clinical Commissioners. Quick Reference Guide for Healthcare Professionals: Conditions for which over the counter items should not routinely be prescribed in primary care \(May 2018\)](#)

Treatment/ condition	Rationale <sup>2</sup>	Exceptions
		<i>but commissioned separately)</i>
<b>Self-limiting conditions</b>		
Acute sore throat	A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection. There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead.	<ul style="list-style-type: none"> <li>• 'Red Flag' symptoms</li> </ul>
Infrequent cold sores of the lip	Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days. Antiviral creams are available over the counter from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time. To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect.	<ul style="list-style-type: none"> <li>• Immunocompromised patients</li> <li>• 'Red Flag' symptoms</li> </ul>
Conjunctivitis	Treatment isn't usually needed for conjunctivitis as the symptoms usually clear within a week. There are several self-care measures that may help with symptoms. Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within ten days without any treatment. Public Health England (PHE) advises that children with infective conjunctivitis do not need to be excluded from school, nursery or child minders, and it does not state any requirement for treatment with topical antibiotics.	<ul style="list-style-type: none"> <li>• 'Red Flag' symptoms</li> <li>• Children under 2 years of age</li> <li>• Pregnancy and breastfeeding</li> </ul>
Coughs and colds and nasal congestion	Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment.	<ul style="list-style-type: none"> <li>• 'Red Flag' symptoms</li> </ul>
Cradle Cap (Seborrhoeic dermatitis – infants)	Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives, and clears up without treatment within weeks to a few months.	<ul style="list-style-type: none"> <li>• If causing distress to the infant and not improving</li> </ul>
Haemorrhoids	In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first. However, there are many treatments (creams, ointments and suppositories) that can reduce itching and discomfort and these are available over the counter for purchase.	<ul style="list-style-type: none"> <li>• 'Red Flag' symptoms</li> <li>• Pregnancy and breastfeeding</li> <li>• Rectal bleeding or blood in stools</li> </ul>
Infant Colic	As colic eventually improves on its own, medical treatment isn't usually recommended. There are some over-the-counter treatments available that could be tried however; there is limited evidence for the effectiveness of these treatments.	<ul style="list-style-type: none"> <li>• 'Red Flag' symptoms</li> </ul>
Mild Cystitis	Mild cystitis is a common type of urinary tract inflammation, normally caused by an infection; however it is usually more of a nuisance than a cause for serious concern. Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective.	<ul style="list-style-type: none"> <li>• 'Red Flag' symptoms</li> <li>• Children</li> <li>• Men</li> <li>• Diabetic patients</li> <li>• History of kidney disease</li> </ul>
<b>Minor conditions suitable for self-care</b>		
Mild Irritant Dermatitis	Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided. It is most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular	<ul style="list-style-type: none"> <li>• Broken, infected or inflamed skin</li> </ul> <p>Corticosteroids when used in/for:</p>

Treatment/ condition	Rationale <sup>2</sup>	Exceptions
	contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with over the counter emollients and topical corticosteroids.	<ul style="list-style-type: none"> <li>• Pregnancy and breastfeeding</li> <li>• Eyes and face</li> <li>• Anogenital area</li> </ul>
Dandruff	Dandruff is a common skin condition. It can be defined as mild scaling of the scalp without itching. Dandruff isn't contagious or harmful and can be easily treated with over the counter anti-fungal shampoos. A GP appointment is unnecessary. Patients should be encouraged to manage mild dandruff with long term over the counter treatments.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified.</li> </ul>
Diarrhoea (Adults)	Diarrhoea normally affects most people from time to time and is usually nothing to worry about. However it can take a few days to a week to clear up. Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy. OTC treatments can help replace lost fluids or reduce bowel motions. This recommendation does not apply to children.	<ul style="list-style-type: none"> <li>• Children</li> <li>• Inflammatory bowel disease</li> <li>• Patients with liver or kidney disease</li> <li>• Patients on low sodium/ low potassium diets</li> <li>• Colorectal cancer</li> <li>• Post bowel surgery</li> </ul>
Dry Eyes/Sore tired Eyes	Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly. Most cases of sore tired eyes resolve themselves. Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment. Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Earwax	Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. A build-up of earwax is a common problem that can often be treated using eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> <li>• Perforated ear drums</li> </ul>
Excessive sweating (Hyperhidrosis)	Hyperhidrosis is a common condition in which a person sweats excessively. First line treatment involves simple lifestyle changes. It can also be treated with over the counter high strength antiperspirants. An antiperspirant containing aluminium chloride is usually the first line of treatment and is sold in most pharmacies.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Head Lice	Head lice are a common problem, particularly in school children aged 4-11. They're largely harmless, but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with. Live head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy. If appropriate everyone in the household needs to be treated at the same time – even if they don't have symptoms. Further information on how to treat head lice without medication can be found on NHS Choices.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> <li>• Babies under 6 months</li> </ul>
Indigestion and Heartburn	Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required. Most people are able to manage their indigestion by making simple diet and lifestyle changes, or taking medication such as antacids. Most people can ease symptoms by simple changes to diet and lifestyle and avoiding foods that make indigestion worse. (e.g. rich spicy or fatty foods, caffeinated drinks).	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Infrequent Constipation	Constipation can affect people of all ages and can be just for a short period of time. It can be effectively managed with a change in diet or lifestyle. Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest	<ul style="list-style-type: none"> <li>• Children</li> </ul>

Treatment/ condition	Rationale <sup>2</sup>	Exceptions
	an over the counter laxative. Most laxatives work within 3 days. They should only be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.	
Infrequent Migraine	Migraine is a common health condition, affecting around one in every five women and around one in every 15 men. Mild infrequent migraines can be adequately treated with over the counter pain killers and a number of combination medicines for migraine are available that contain both painkillers and anti-sickness medicines. Those with severe or recurrent migraines should continue to seek advice from their GP.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Insect bites and stings	Most insect bites and stings are not serious and will get better within a few hours or days. Over-the-counter treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Mild Acne	Acne is a common skin condition that affects most people at some point. Although acne can't be cured, it can be controlled with treatment. Several creams, lotions and gels for treating acne are available at pharmacies. Treatments can take up to three months to work. Patients should be encouraged to manage mild acne with long term use of over the counter products.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Mild Dry Skin	Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using over the counter products on a long term basis.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Sunburn due to excessive sun exposure	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Sun Protection	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.	<ul style="list-style-type: none"> <li>• ACBS approved indication of photodermatoses (i.e. where skin protection should be prescribed).</li> </ul>
Mild to Moderate Hay fever/Seasonal Rhinitis	Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist.	<ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Breastfeeding</li> <li>• Patients with kidney problems</li> <li>• Children with asthma</li> </ul>
Minor burns and scalds	Burns and scalds are damage to the skin caused by heat. Both are treated in the same way. Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home.	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Minor conditions associated with pain, discomfort and/fever.  (e.g. aches and sprains, headache, period pain, back pain)	In most cases, headaches, period pain, mild fever and back pain can be treated at home with over-the-counter painkillers and lifestyle changes, such as getting more rest and drinking enough fluids. Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor conditions at home without the need for a GP appointment. Examples of conditions where patients should be encouraged to self – care include: Headache, colds, fever, earache, teething, period pain, cuts, self-limiting musculoskeletal pain, sprains and strains, bruising, toothache, sinusitis/nasal congestion, recovery after a simple medical procedure, aches and pains and sore throat.	<ul style="list-style-type: none"> <li>• Long term conditions requiring regular pain relief</li> <li>• Babies under 3 months (under 2 months for immunisation)</li> </ul>
Mouth ulcers	Mouth ulcers are usually harmless and do not need to be treated because most clear up by themselves within a week	<ul style="list-style-type: none"> <li>• No routine exceptions have been</li> </ul>

Treatment/ condition	Rationale <sup>2</sup>	Exceptions
	or two. Mouth ulcers are common and can usually be managed at home, without seeing your dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort.	identified
Nappy Rash	Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy. Nappy rash usually clears up after about three to seven days if recommended hygiene tips are followed	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Oral Thrush	Oral Thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. It is common in babies and older people with dentures or those using steroid inhalers. It can easily be treated with over the counter gel.	<ul style="list-style-type: none"> <li>Pregnancy and breastfeeding</li> <li>Patients taking warfarin</li> <li>Babies under 4 months</li> </ul>
Prevention of dental caries	The dentist may advise on using higher-strength fluoride toothpaste if you are particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased over the counter.	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Ringworm/Athletes foot	Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Despite its name, ringworm doesn't have anything to do with worms. Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with over the counter treatments. However, they are contagious and easily spread so it is important to practice good foot hygiene.	<ul style="list-style-type: none"> <li>Lymphoedema or history of lower limb cellulitis</li> <li>Diabetes</li> <li>Children</li> </ul>
Teething/Mild toothache	<p>Teething can be distressing for some babies, but there are ways to make it easier for them. Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature (less than 38°C) then paracetamol or ibuprofen suspension can be given.</p> <p>Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with over the counter painkillers whilst awaiting a dental appointment for further investigation.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Threadworms	Threadworms (pinworms) are tiny worms in your stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP. Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection. Everyone in the household will require treatment, even if they don't have symptoms.	<ul style="list-style-type: none"> <li>Children under 2 years</li> <li>Pregnancy and breastfeeding</li> </ul>
Travel Sickness	Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with over the counter medicines.	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Warts and Verrucae	Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment.	<ul style="list-style-type: none"> <li>Diabetic patients</li> <li>Face and neck</li> <li>Hairy warts or skin lesions</li> <li>Broken skin</li> </ul>

## Part 2: NHS England items which should not routinely be prescribed in primary care<sup>3</sup>

In line with NHS England guidance<sup>3</sup>, the CCGs do not support the prescribing of products which fall into one or more of the following categories:

- Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns
- Products which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation
- Products which are clinically effective but due to the nature of the product, are deemed a low priority for NHS funding

PrescQIPP have developed a series of patient information leaflets explaining why each of the 25 medicines are included in the NHSE items which should not routinely be prescribed in primary care guidance and where further help is available. Leaflets are available to download from the [PrescQIPP website](#).

Treatment/ condition	Rationale	Exceptions
Aliskiren	<p>NHS England (June 2019) advises that aliskiren should not be initiated for any new patient and supports the deprescribing of aliskiren</p> <p>NICE NG 136 does not recommend the use of aliskiren for treating hypertension.:</p> <p>Whilst aliskiren has shown comparable efficacy to other antihypertensive agents in terms of blood pressure reduction, its effects on mortality and long-term morbidity are currently unknown</p>	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>
Amiodarone	<p>NHS England (June 2019) advises that prescribers should not initiate amiodarone in primary care for any new patient. In exceptional circumstances, where there is a clinical need for amiodarone to be prescribed, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional</p> <p>Amiodarone has an important place in the treatment of severe cardiac rhythm disorders where other treatments either cannot be used or have failed. It has potential major toxicity and its use requires monitoring both clinically and via laboratory testing</p> <p><a href="#">NICE clinical guideline on Atrial Fibrillation (AF) CG 180</a> puts greater emphasis on rate rather than rhythm control and has clarified the place of amiodarone in the treatment pathway: NICE have issued the following “Do not do” recommendation: Do not offer amiodarone for long-term rate control</p>	<ul style="list-style-type: none"> <li>• Must be initiated by a specialist and only continued under a shared care arrangement for patients where other treatments cannot be used, have failed or is in line with <a href="#">NICE Guidance CG180</a>.</li> <li>• It may also be suitable in patients prior and post cardioversion or in specific patients who also have heart failure or left ventricular impairment.</li> </ul>
Bath and shower preparations for dry and pruritic skin conditions	<p>NHS England (June 2019) advises that that prescribers in primary care should not initiate bath and shower preparations for any new patient. Prescribers should be supported to deprescribe bath and shower preparations and substitute with “leave-on” emollients, which may also be used as a soap substitute.</p> <p><a href="#">A multicentre pragmatic parallel group RCT looking at emollient bath additives for the treatment of childhood eczema (BATHE)</a> showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema</p>	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>

<sup>3</sup> [NHS England/ NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCGs . Version 2 \(June 2019\)](#)

Treatment/ condition	Rationale	Exceptions
Co-proxamol	<p>The NHS Regional Drug and Therapeutics Centre bulletin (January 2008) states that co-proxamol should not be prescribed under any circumstances to new patients; existing patients should be converted to alternative analgesics. Co-proxamol has an unfavourable adverse-events profile, particularly toxicity in accidental and intentional overdose. The MHRA Drug Safety Update (January 2011) further confirms the cardiac risks associated with co-proxamol. NHS England (November 2017) supports the deprescribing of co-proxamol.</p> <p>Responsibility for adverse events associated with co-proxamol lies with the prescriber. Studies suggest co-proxamol is no more effective than standard doses of paracetamol taken alone.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Dosulepin	<p>NICE guidance for depression (CG90, October 2009) states that patients should not be initiated on dosulepin as the cardiac risks and toxicity in overdose outweigh potential benefits; additionally, PrescQIPP (Bulletin 126, April 2016) advise that dosulepin should not be prescribed for unlicensed indications. NHS England (November 2017) supports the deprescribing of dosulepin.</p> <p>Patients prescribed dosulepin should be reviewed for suitability for swapping to a safer suitable alternative. Dosulepin should not be stopped abruptly unless serious side effects have occurred; gradual tapering is recommended to help prevent discontinuation symptoms.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Prolonged-release Doxazosin (also known as Doxazosin Modified Release)	<p>NHS England (November 2017) supports the deprescribing of doxazosin modified-release tablets.</p> <p>Patients newly prescribed doxazosin should be initiated at 1mg daily, then titrated at weekly or fortnightly intervals according to response. For patients established on modified-release preparations, consider swapping to the same dose of the immediate-release preparation, or consider swapping to half the dose of the immediate-release preparation, or re-initiate therapy as described for new initiations. Dose adjustment may be necessary dependent on patient response.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Dronedarone	<p>NHS England (June 2019) advises that prescribers should not initiate dronedarone in primary care for any new patient. If, in exceptional circumstances, there is a clinical need for dronedarone to be prescribed, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional</p> <p><a href="#">NICE clinical guideline on Atrial Fibrillation (AF) CG 180</a> puts greater emphasis on rate rather than rhythm control and has clarified the place of dronedarone in the treatment pathway.</p>	<ul style="list-style-type: none"> <li>Must be initiated by a specialist and only continued under a shared care arrangement for patients where other treatments cannot be used, have failed or is in line with NICE Guidance CG180.</li> </ul>
Immediate Release Fentanyl	<p>NHS England (November 2017) advises that primary care prescribers should not initiate immediate-release fentanyl preparations for new patients. NHS England also supports the deprescribing of immediate-release fentanyl preparations. More cost-effective preparations are available.</p> <p>NHS England recommendations for immediate-release fentanyl do not apply to patients undergoing palliative care treatment arranged with a suitable specialist.</p>	<ul style="list-style-type: none"> <li>These recommendations do not apply to patients undergoing palliative care treatment and where the recommendation to use immediate release fentanyl in line with NICE guidance (see below), has been made by a multidisciplinary team and/or other healthcare professional with a recognised specialism in palliative care.</li> </ul>
Glucosamine and Chondroitin	<p>NICE guidance for the management of osteoarthritis (CG177) does not recommend glucosamine or chondroitin preparations; there is limited and uncertain evidence on the effectiveness of these preparations in the management of osteoarthritis. NHS England (November 2017) supports the deprescribing of glucosamine and/or chondroitin preparations.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>

Treatment/ condition	Rationale	Exceptions
Herbal, homeopathic and alternative remedies	<p>PrescQIPP bulletin 117 (July 2015) states that available evidence does not support the use of herbal and/or homeopathic products. Herbal products may cause significant adverse reactions and interact in an unknown manner with existing therapies. NHS England (November 2017) supports the deprescribing of herbal and homeopathic preparations.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Lidocaine Plasters	<p>NHS England (November 2017) advises that primary care prescribers should not initiate lidocaine plasters for new patients, and supports the deprescribing of lidocaine plasters for existing patients; this does not apply to patients still experiencing post-herpetic neuralgia having been treated in accordance with NICE Guidance for neuropathic pain in adults (CG173, February 2017). In exceptional clinical need, lidocaine plasters may be prescribed in co-operation with a suitable specialist.</p> <p>NICE CG173 recommends offering initial treatment with amitriptyline, duloxetine, gabapentin or pregabalin, offering one of the remaining three drugs if the initial treatment is not effective or not tolerated; consider capsaicin cream for patients with localised neuropathic pain who wish to avoid, or cannot tolerate, oral treatments.</p> <p>The position of the APC and NHSE is that lidocaine patches are not to be used outside their licensed indications. In addition, they are approved locally for use in the following:</p> <ul style="list-style-type: none"> <li>the treatment of multiple rib fractures on the advice of pain specialists only, in line with the procedure for pain management and rehabilitation following multiple rib fractures – RED drug</li> <li>palliative care – please note that prescribers in primary care can initiate prescribing in palliative care patients.</li> </ul>	<ul style="list-style-type: none"> <li>These recommendations do not apply to patients who have been treated in line with NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings but are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia).</li> </ul>
Liothyronine (including Armour Thyroid and Liothyronine combination products)	<p>The British Thyroid Association (June 2015) recommend that levothyroxine monotherapy is the treatment of choice in hypothyroidism; there is no convincing evidence to support routine use of liothyronine, thyroid extracts, or compounded thyroid hormones in the management of hypothyroidism. NHS England (November 2017) state that prescribers should not initiate liothyronine for any new patient; individuals currently prescribed liothyronine should be reviewed by a consultant endocrinologist with consideration given to swapping to levothyroxine where clinically appropriate.</p> <p>The <a href="#">RMOC guidance</a> recommends that strict criteria are applied to ensure that liothyronine is only prescribed in the situations where alternative treatments have been found to be inadequate. It should only be initiated by secondary care specialist. If a patient is initiated on treatment, prescribing responsibility should remain with the hospital consultant for at least 3 months</p>	<ul style="list-style-type: none"> <li>The British Thyroid Association (BTA) advise that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. In these circumstances, where levothyroxine has failed and in line with BTA guidance, endocrinologists providing NHS services may recommend liothyronine for individual patients after a carefully audited trial of at least 3 months duration of liothyronine. Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. In these situations <b>it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care prescribers.</b></li> </ul>
Lutein and Antioxidants	<p>The PrescQIPP Drop-List 2015 (Bulletin 86, December 2014) states there is little evidence to support the use of lutein and antioxidant vitamin preparations to prevent progression of AMD, they are considered low priority and poor value for money. Concerns have been raised that the high doses of vitamins and minerals needed may cause harm in some people. NHS England (November 2017) supports the deprescribing of vitamin and mineral supplements for AMD e.g. Icaps, Occuvite, preservation, Preservation, lutein, Viteyes original, plus-lutein, OcuVite lutein, Visionace, Vitalux-plus) NHS England supports the self-care agenda. A healthy diet rich in oily fish, leafy green vegetables and fresh fruit may be recommended or alternatively advise patients to purchase dietary supplements over the counter.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>

Treatment/ condition	Rationale	Exceptions
Minocycline for acne	<p>NHS England (June 2019) advises that minocycline should not be initiated for any new patient with acne and supports the deprescribing of minocycline.</p> <p>Minocycline is mainly used for acne however there are various safety risks associated with its use.</p> <p><a href="#">NICE CKS</a> advises Minocycline is not recommended for use in acne as it is associated with an increased risk of adverse effects such as drug induced lupus, skin pigmentation and hepatitis.</p> <p>A <a href="#">PrescQIPP review</a> found there is no evidence to support the use of one tetracycline over another in terms of efficacy for the treatment of acne vulgaris and alternative once daily products are available. Oxytetracycline is the current first line treatment choice for acne.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Needles for Pre-Filled and Reusable Insulin Pens	<p>NHS England (June 2019) advised that prescribers in primary care should not initiate insulin pen needles that cost &gt;£5 per 100 needles for any diabetes patient</p> <p>There are many different types of insulin pen needles available at a varying cost from £2.75 to £30.08 for 100</p> <p>In addition, the <a href="#">Forum for Injection Technique (FIT) UK</a> considers the 4mm needle to be the safest pen needle for adults and children regardless of age, gender and Body Mass Index (BMI).</p> <p>For patients currently using longer pen needle lengths (8mm, 12mm), it is advisable to change to a shorter needle length (6mm or less) but only after discussion with a healthcare professional, to ensure they receive advice on the correct injection technique.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Omega-3 Fatty Acid Compounds	<p>NICE has published a range of “do not do” recommendations regarding the prescribing of omega-3 fatty acids in the context of; myocardial infarction, CVD prevention, non-alcoholic fatty liver disease, children and young people with autism, familial hypercholesterolaemia and MS.</p> <p>PrescQIPP (Bulletin 117, July 2015) states that vitamins should be obtained through dietary means and should not be prescribed as dietary supplements. If a multivitamin supplement is required it should be purchased over the counter or obtained through Sure Start schemes where available.</p> <p>NHS England supports the self-care agenda.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Oxycodone and Naloxone Combination Products	<p>Oxycodone and naloxone combination product is used to treat severe pain and can also be used second line in restless legs syndrome. The opioid antagonist naloxone is added to counteract opioid-induced constipation by blocking the action of oxycodone at opioid receptors locally in the gut.</p> <p>PrescQIPP CIC have issued a bulletin and did not identify a benefit of oxycodone and naloxone in a single product over other analgesia (with laxatives if necessary).</p> <p>Due to the significant cost of the oxycodone and naloxone combination product and the unclear role of the combination product in therapy compared with individual products, the joint clinical working group considered oxycodone and naloxone suitable for inclusion in this guidance.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>

Treatment/ condition	Rationale	Exceptions
Paracetamol and Tramadol Combination Products	<p>NHS England (November 2017) supports the deprescribing of combination tramadol/paracetamol preparations.</p> <p>Paracetamol and tramadol combination products are more expensive than the products with the individual components PrescQIPP CIC also issued a bulletin which did not identify any significant advantages over individual products, however it does recognise that some people may prefer to take one product instead of two</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Perindopril Arginine	<p>NHS England (November 2017) supports the deprescribing of perindopril arginine preparations.</p> <p>Perindopril arginine is significantly more expensive than perindopril erbumine and a <a href="#">PrescQIPP review</a> of the topic found there was no clinical advantage of the arginine salt</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Rubefacients (excluding topical NSAIDs)	<p>NHS England in 2017 stated that rubefacients should not be initiated in primary care for any new patients (excluding topical NSAIDs) this has been updated in June 2019 to exclude capsaicin cream when used to treat osteoarthritis and neuropathic pain in line with NICE guidance.</p> <p>The BNF states “The evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain.”</p> <p>NICE have issued the following “Do not do” recommendation: Do not offer rubefacients for treating osteoarthritis.</p> <p>Capsaicin cream falls within NICE guidance:</p> <ul style="list-style-type: none"> <li><a href="#">Neuropathic Pain (CG173)</a>: Consider capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate oral treatments (unlicensed)</li> <li><a href="#">Osteoarthritis (CG177)</a>: Topical capsaicin should be considered as an adjunct to core treatments for knee or hand osteoarthritis</li> </ul>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Silk garments	<p>NHS England (June 2019) states that silk garments should not be initiated for any patient and supports the deprescribing of these products</p> <p>the NIHR HTA programme commissioned the <a href="#">CLOTHES</a> trial, which aimed to examine whether adding silk garments to standard eczema care could reduce eczema severity in children with moderate to severe eczema, compared to use of standard eczema treatment alone:</p> <p>Overall the trial concluded that using silk garments for the management of eczema is unlikely to be cost-effective for the NHS.</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>
Once Daily Tadalafil	<p>NHS England (November 2017) supports the deprescribing of once daily tadalafil (2.5mg, 5mg) tablets.</p> <p>Benign Prostatic Hyperplasia: NICE terminated their technology appraisal <a href="#">(TA273)</a> due to receiving no evidence from the manufacturer. In <a href="#">NICE CG97</a>: Lower Urinary Tract Symptoms in Men NICE state that there is not enough evidence to recommend phosphodiesterase inhibitors in routine clinical practice.</p> <p>Erectile Dysfunction: PrescQIPP have reviewed the <a href="#">evidence for Tadalafil</a> and although tadalafil is effective in treating erectile dysfunction, there is not enough evidence to routinely recommend once daily preparations in preference to “when required” preparations particularly as when required preparations are now available as a generic..</p>	<ul style="list-style-type: none"> <li>No routine exceptions have been identified</li> </ul>

Treatment/ condition	Rationale	Exceptions
Travel Vaccines (vaccines administered exclusively for the purposes of travel)	<p>This guidance covers the following vaccinations which should not be prescribed on the NHS <b>exclusively</b> for the purposes of travel:</p> <ul style="list-style-type: none"> <li>• Hepatitis B</li> <li>• Japanese Encephalitis</li> <li>• Meningitis ACWY</li> <li>• Yellow Fever</li> <li>• Tick-borne encephalitis</li> <li>• Rabies</li> <li>• BCG</li> </ul> <p>These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination. For all other indications, as outlined in Immunisation Against Infectious Disease – the green book – the vaccine remains free on the NHS.</p>	<ul style="list-style-type: none"> <li>• The following vaccines may still be administered on the NHS exclusively for the purposes of travel, if clinically appropriate, pending any future review:               <ul style="list-style-type: none"> <li>○ Cholera</li> <li>○ Diphtheria/Tetanus/Polio</li> <li>○ Hepatitis A</li> <li>○ Typhoid</li> </ul> </li> <li>• Vaccines prescribed NOT exclusively for the purpose of travel.</li> </ul>
Trimipramine	<p>NHS England (November 2017) advises that primary care prescribers should not initiate trimipramine for new patients. NHS England also supports the deprescribing of trimipramine.</p> <p>If a tricyclic antidepressant is required there are more cost-effective alternatives.</p>	<ul style="list-style-type: none"> <li>• No routine exceptions have been identified</li> </ul>

### Part 3: Products not suitable for prescribing in primary care in the CCGs<sup>4</sup>

The following medicines have been deemed **not suitable** for prescribing for adults and children in primary or secondary care within the CCGs. This includes all medicines classified in the BNF as 'not NHS' or that are considered by the 'Joint Formulary Committee' of the British National Formulary (BNF) as less suitable for prescribing. It also includes those medicines included within the NICE "Do not do" list. Decisions for inclusion of medicines on the list have been made on the basis of safety, efficacy and cost-effectiveness of the product.

This list applies to new initiations only and existing historical prescribing should be reviewed on individual patient basis if clinically appropriate.

Treatment/ condition	Rationale	Supporting information
<b>Cardiovascular</b>		
Co-flumactone		BNF: less suitable for prescribing
Cilostazol (Pletal®)	Poor evidence base	NICE: <a href="#">TA223</a>
Clonidine	When used as antihypertensive for migraine or to control vasomotor symptoms in menopause ( <a href="#">NICE NG23</a> )	BNF: less suitable for prescribing
Diuretics with Potassium	There is sufficient concern over safety that it is not appropriate to be prescribed due to K+ supplements increasing levels.	BNF: <a href="#">Diuretics with potassium</a>
Hydrochlorothiazide containing products	Safety concerns	MHRA Drug Safety Update Nov 2018
Inositol Nicotinate (Hexopal®)	Poor evidence base	NICE: <a href="#">TA223</a>
Mexelitine	Unlicensed treatment for arrhythmias and neuropathic pain with a poor evidence base and not a cost effective use of NHS resources.	County Durham & Tees formulary: not approved for arrhythmias and neuropathic pain
Moxisylyte (Opilon®)	Poor evidence base	CKS: <a href="#">Raynaud's Phenomenon</a>
Oxerutins	Poor evidence base	BNF: less suitable for prescribing
Pentoxifylline (Trental®)	Poor evidence base	NICE: <a href="#">TA223</a>
Simvastatin/ ezetimibe combination product (Inegy®)	Not a cost effective use of NHS resources	NICE: <a href="#">TA132</a>
<b>Respiratory</b>		
Ciclesonide	There are alternative inhaled corticosteroids available at a lower cost. Lack of long-term data on clinical outcomes.	
Levocetirizine (Xyzal®)	Not a cost effective use of NHS resources.	CKS: <a href="#">Allergic Rhinitis</a>
<b>Central nervous system</b>		
Asenapine	Poor evidence base	County Durham & Tees formulary: not approved SMC: not recommended
Capsaicin Cream	See rubefaciants above. Not recommended except within NICE guidance for osteoarthritis and neuropathic pain	
Cannabis extract (Sativex®)	Not recommended for use to treat chronic pain. For further information see <a href="#">NICE NG144</a>	<a href="#">NICE</a>
Chloral hydrate (insomnia)		BNF: less suitable for prescribing
Clomipramine (Anafranil SR®)		BNF: less suitable for prescribing
Co-careldopa intestinal gel (Duodopa®)	Not a cost effective use of NHS resources.	<a href="#">NHS Commissioning Board</a> : Duodopa

<sup>4</sup> Adapted from County Durham and Darlington APC Do Not Prescribe List

Treatment/ condition	Rationale	Supporting information
Codeine and aspirin combination product (Co-codaprin®)	Poor evidence base. This preparation does not allow for effective dose titration and the advantages of using a compound formulation have not been substantiated. There is no instance where this product is appropriate to use from a safety or efficacy point of view, over existing treatments.	policy statement DC43 BNF: less suitable for prescribing
Codeine and paracetamol (co-codamol)	While Co-codamol 8/500 is commonly used, no advantages over paracetamol have been substantiated. The low dose of codeine may be enough to cause opioid side-effects (in particular, constipation) and can complicate the treatment of overdose, yet may not provide significant additional relief of pain. Use is therefore discouraged.	County Durham & Tees formulary: not approved
Dipipanone/cyclizine (Diconal)	Not a cost-effective use of resources	County Durham & Tees formulary: not approved
Dihydrocodeine and paracetamol (co-dydramol)	No advantages over paracetamol have been substantiated. The low dose of codeine may be enough to cause opioid side-effects (in particular, constipation) and can complicate the treatment of overdose, yet may not provide significant additional relief of pain. Use is therefore discouraged.	County Durham & Tees formulary: not approved
Ergotamine containing products (Migril)	Safety concerns. NICE: Do not Do recommendation: Do not offer ergots or opioids for the acute treatment of migraine.  NICE: Do not Do recommendation: Do not offer paracetamol, NSAIDS, opioids, ergots or oral triptans for the acute treatment of cluster headache.	<a href="#">NICE</a> BNF: less suitable for prescribing
Voke® and e-Voke® electronic inhaler	The Northern (NHS) Treatment Advisory Group does not recommend the use of Voke® or e-Voke® as a stop smoking aid on the NHS.	<a href="#">NTAG</a>
Flurazepam		BNF: less suitable for prescribing
Isocarboxazid		BNF: less suitable for prescribing
Meprobamate	Safety concerns	BNF: <a href="#">meprobamate</a>
Naltrexone/bupropion (Mysimba)	No long term effectiveness data and lack of cost-effectiveness	<a href="#">NICE TA494</a> : Not recommended
Melatonin oral solution (Colonis Pharma brand)	Not a cost-effective use of resources. Not suitable for use in children due to propylene glycol content	County Durham & Tees formulary: not approved
Papaveretum	No longer listed in BNF or palliative care formulary. No drug tariff products listed	BNF: less suitable for prescribing
Pentazocine		BNF: less suitable for prescribing
Promazine		BNF: less suitable for prescribing
Tranlycypromine		BNF: less suitable for prescribing
<b>Infections</b>		
Antifungal nail paints e.g. amorolfine nail lacquer	Systemic treatments are more effective. Nail lacquers and solutions are expensive. Amorolfine nail lacquer (pack size 3mls) is available OTC for mild cases and for treatment of a maximum of two nails.	<a href="#">PrescQIPP DROP List</a>
Ketoconazole (for oral administration)	Safety concerns	MHRA: <a href="#">Drug Safety Update</a>
Inosine Pranobex (Immunovir)		BNF: less suitable for prescribing
Malaria prophylaxis	Medication for malaria prophylaxis is not reimbursable on the NHS. Prescription only medicines for malaria prophylaxis should be prescribed privately and other medications can be purchased via a local community pharmacy.	<a href="#">North East &amp; Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance</a>  <a href="#">NECS Useful prescribing information – a guide for prescribers</a>
<b>Endocrine</b>		
Norethisterone or medroxyprogesterone	For the postponement of menstruation for non-medical reasons prescribing should be via private	<a href="#">North East &amp; Cumbria CCG</a>

Treatment/ condition	Rationale	Supporting information
for postponement of menstruation	prescription as this is considered a lifestyle choice rather than the treatment of a medical condition (please note medroxyprogesterone is unlicensed for this indication). Some community pharmacies may supply norethisterone (in store or online) via a private PGD.	<a href="#">Prescribing Forum Self-Care and OTC Product Guidance</a>
Alendronate plus Vitamin D (Fosavance®)	Not a cost effective use of NHS resources.  No convincing randomised controlled evidence of benefits over existing bisphosphonate therapy.	NICE- <a href="#">TA161</a>  CKS- <a href="#">osteoporosis</a>
Gliclazide MR (Diamicon MR®)	Not a cost effective use of NHS resources.	BNF note: equivalent therapeutic effect to standard prep
Nandrolone (Deca-Durabolin injection)		BNF: less suitable for prescribing
Prednisolone 30mg tablets	Not a cost-effective product	County Durham & Tees formulary: not approved
Prednisolone EC tablets	Poor evidence base.	UKMI Q&A: <a href="#">Is there any evidence to support the use of enteric coated (EC) over uncoated prednisolone tablets?</a>
Testosterone patches (Intrinsa®)	Poor evidence base	EMA Public Statement: <a href="#">Intrinsa (testosterone): Withdrawal of the marketing authorisation in the European Union</a>
Teriparatide (atypical fractures)	NTAG does not recommend the use of teriparatide for the treatment of bisphosphonate induced atypical fractures due to lack of evidence and concerns around cost-effectiveness.	<a href="#">NTAG</a>
Yohimbine	Poor evidence base and safety concerns	
<b>Obstetrics, gynae and urinary tract disorders</b>		
Bethanechol		BNF: less suitable for prescribing
Dapoxetine	NTAG does not recommend the use of dapoxetine for premature ejaculation because of concerns around cost-effectiveness, lack of long-term safety data and lack of any published active comparator trials.	NTAG
Alprostadil cream	Treatment with Alprostadil cream is not approved for use in County Durham and Tees ValleyDarlington and not routinely commissioned in view of limited evidence for clinical and cost effectiveness.	<a href="#">CDD guidelines for the management of ED</a>
Solifenacin/Tamsulosin	Poor evidence base	County Durham & Tees formulary: not approved
Terpenes (Rowachol and Rowatinex)		BNF: less suitable for prescribing
Ulipristal acetate 5mg (Esmya®)	Safety concerns	MHRA Drug Safety Update (Feb 2021): Ulipristal acetate 5mg (Esmya): further restrictions due to risk of serious liver injury
Vardenafil	Non-formulary due to higher cost than alternative treatments	<a href="#">CDD guidelines for the management of ED</a>
<b>nutrition and blood</b>		
Cyanocobalamin	Maintenance of B <sub>12</sub> deficiency, unless diet-related should be managed by 1mg hydroxocobalamin injection every 2-3 months. Where diet-related the dose is recommended to be 50-150micrograms once daily (CKS). This would fall under NHS England's advice on vitamins and minerals and should be purchased by the patient.  Note: See guidance from <a href="#">British Society of Haematology</a> and <a href="#">RDTC</a> on "What are the alternative treatment	BNF: less suitable for prescribing

Treatment/ condition	Rationale	Supporting information
	options for patients who normally receive hydroxocobalamin B12 injection during the COVID-19 pandemic”	
Gluten-free non-staple foods All gluten-free products except flour, plain bread rolls or loaves, and part baked bread.	Practices should only prescribe gluten-free staple foods to patients with a confirmed diagnosis or gluten-sensitive enteropathies, in line with local guidelines for recommended number of units per month. Only the following staple foods are approved on NHS prescription in Tees: <ul style="list-style-type: none"> <li>Flour e.g. flour mix, blended mix, white or fibre mix and multipurpose mix</li> <li>Plain bread rolls or loaves</li> <li>Part baked bread e.g. white bread, fibre loaf, flat bread</li> </ul> Patients may still purchase other gluten-free products which are readily available from pharmacies, health stores and supermarkets.	<a href="#">Guidelines for the supply of gluten-free products in County Durham CCG and Tees Valley CCG</a>
Lactose-free infant milks including soya milks	Prescribing of formula milk is only to be initiated by GPs whilst awaiting referral to a paediatrician/ dietetics. To be prescribed only under consultant paediatrician/ dietetics advice and then only in accordance with ACBS guidelines.	<a href="#">Hartlepool &amp; Stockton-on-Tees CCG and South Tees CCG summary of prescribing for infant feeding problems</a>  <a href="#">PrescQIPP bulletin 146: Appropriate prescribing of specialist infant formulae</a>
Calcium 500mg and colecalciferol 200units (e.g. Calcichew D-3, Calcium & Ergocalciferol Tablets)	Not a cost effective use of NHS resources A daily dose of 800 units of vit D is required to prevent fractures.	CKS: sub-therapeutic dose for fracture prevention
Iron – all modified release iron preparations	Poor evidence base	BNF: No therapeutic advantage and should not be used
Modified release potassium chloride preparations (Duro-K, Kaleorid LP)	Modified-release preparations should be avoided unless effervescent tablets or liquid preparations inappropriate	BNF: less suitable for prescribing
Spatone - iron-rich spa water from the mountains of Snowdonia	Poor evidence base	
Vitamin B Compound and Vitamin B Compound Strong	Alcohol-use disorders: diagnosis and management of physical complications NICE CG100 only includes the use of thiamine.  Vitamin Compound Strong should only be used in secondary care as RED drug to prevent "re-feeding syndrome".	BNF: less suitable for prescribing BNF
<b>Musculo-skeletal and joint diseases</b>		
Actipatch®	Poor evidence base and not approved by NTAG Nov 2018.	NTAG Nov 2018
Diclofenac & Misoprostol combination product (Misofen® and Arthrotec®)	BNF recommends a higher starting dose of misoprostol for prophylaxis against NSAID induced GI ulceration that that provided by combination preparations.	BNF: less suitable for prescribing BNF
Methocarbamol	Not cost effective use of NHS resources, deemed less suitable for prescribing in BNF.	BNF: less suitable for prescribing BNF
Naproxen & esomeprazole combination product (Vimovo®)	Not a cost effective use of NHS resources	CKS: <a href="#">Proven GORD</a>
Synovial fluid injections including Hyaluronan and sodium hyaluronate injection	Poor evidence base. NICE Do not Do recommendation: <a href="#">Do not offer intra-articular hyaluronan injections for the management of osteoarthritis.</a>	NICE
<b>Eye</b>		
Betamethasone with neomycin (betnesol-N eye/ear/nasal drops)		BNF: less suitable for prescribing
Dexamethasone with tobramycin (Tobradex)		BNF: less suitable for prescribing
Eye lid cleaning products for blepharitis	Prescribing at NHS expense is not recommended. Patients who wish to use these products should be	<a href="#">Moorfields Eye Hospital: Blepharitis</a>

Treatment/ condition	Rationale	Supporting information
e.g. Blephaclean, Lid-Care, Optrex, Ster Eye	advised to purchase them over the counter and follow NHS Choices self-care advice.	<a href="#">information for Health Professionals</a> <a href="#">NHS Choices: Blepharitis</a>
<b>Skin</b>		
Benzyl benzoate		BNF: less suitable for prescribing
Brimonidine Tartrate gel	Not approved for use in County Durham an Tees Valley to treat facial erythema due to safety concerns regarding exacerbation of rosacea and cardiovascular safety if applied to damaged skin	<a href="#">MHRA 2016</a> <a href="#">MHRA 2017</a> County Durham & Tees formulary: not approved
Calamine with zinc oxide		BNF: less suitable for prescribing
Eflornithine cream (Vaniqa®) for hirsutism	No evidence of efficacy in comparison to existing treatments and it is substantially more expensive. It needs to be used indefinitely but the long-term benefits and safety have not been established (past 24 weeks). To be used only in line with laser therapy.	<a href="#">PrescQIPP briefing 57: Eflornithine review</a>
Heparinoid cream (Hirudoid)		BNF: less suitable for prescribing
Idoxuridine in dimethyl sulfoxide (Herpid®)	Poor evidence base	No evidence to support use
Lanolin cream (Lansinoh HPA®)	Not a cost effective use of NHS resources	Cochrane Review 2014: <a href="#">Interventions for treating painful nipples among breastfeeding women</a>
Minoxidil 5% Scalp Foam	Not a cost effective use of NHS resources. All other forms of topical minoxidil are black-listed in the Drug Tariff.	
Molludab (potassium hydroxide 5%) topical solution for the treatment of molluscum contagiosum	Poor evidence base	<a href="#">CKS: Molluscum contagiosum</a>
Neomycin sulfate		BNF: less suitable for prescribing
Bio Oil	Poor evidence base. More cost effective preparations available	

## Products and Conditions Included in the County Durham and Tees Valley Grey List

The Grey List is a locally-agreed list of medicines which are not recommended for routine prescribing but may be suitable for a defined patient population (i.e. these are items prescribable under limited circumstances). Medicines are included on the basis of safety, efficacy and costeffectiveness. The list is intended to support good prescribing and help prescribers make balanced decisions. Inclusion of drugs on the Grey List should encourage prescribers to think very carefully before prescribing or recommending the medicine.

Treatment/ condition	Rationale	Supporting information
<b>Cardiovascular</b>		
Rosuvastatin	Only to be considered as an option when patient has proven intolerance to, or lack of desired result from simvastatin, pravastatin and atorvastatin and in accordance with local Lipid Modification Guidelines OR as per FATS Guidelines.	Main evidence of benefit from the JUPITER trial which compared Rosuvastatin 20mg with placebo and the trial was stopped early. The MHRA have advised NOT to initiate patients at this dose.
<b>Central Nervous System</b>		
Neofpam	Neofpam should not be initiated for acute or chronic pain, or continued post discharge following secondary care acute initiation.  Only continue nefopam in line with recommendations of the specialist pain service.  Review existing patients - assess benefits versus adverse effects and consider stopping; withdraw slowly over 1-2 weeks following chronic use.  Adverse effects are common, nefopam is toxic in overdose and has abuse potential through its psychostimulant-like effects.	CD&T APC Position Statement on Nefopam Prescribing
Tapentadol modified release tablets	Use should be restricted to patients requiring treatment of severe chronic pain which cannot be managed with more established opioid therapies.	
Topiramate capsules	Topiramate hard capsules are expensive and should not be prescribed. For those patients unable to swallow topiramate tablets "sprinkle capsules" may be considered	Not at cost effective use of NHS resources.
<b>Infections</b>		
Methenamine	Should not generally be used because it requires an acidic urine for its antimicrobial activity and it is ineffective for upper urinary-tract infections; it may have role in the prophylaxis and treatment of chronic or recurrent uncomplicated lower urinary-tract infections.  PHE recommend 3rd line only in recurrent UTI in non-pregnant women if no renal/hepatic impairment.	BNF: Less suitable for prescribing
<b>Obstetrics, gynae and urinary tract disorders</b>		
Duloxetine (Yentreve®) (stress urinary incontinence)	NICE advises that it should not be used as a first line treatment for SUI, nor routinely as a second line treatment but only as an alternative to surgery.  Modest effects in women with severe SUI and no benefit in women with mild SUI	NICE CG171
<b>Nutrition and blood</b>		
Co-enzyme Q10	Should only be used for the treatment of mitochondrial disorders as RED drug under the care of a specialist.	Poor evidence base.